

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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FORM D

**NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION**

WASH. D.C. 155

SEC USE ONLY	
Print	Serial
DATE RECEIVED	

Name of Offering: (Check if this is an amendment and does not change, and no filing change.)

Neotron Corporation, Series B Preferred Stock Offering

Filing Under (Check box(s) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE

Type of Filing: New Filing Amended

A. BASIC IDENTIFICATION DATA

Enter the information requested below:

Name of Issuer: (Check if this is an amendment and does not change, and no filing change.)

Neotron Corporation

Address of Executive Offices 8275 El Rio, Suite 150, Houston, Texas 77064-2904	(Number and Street, City, State, Zip Code)	Telephone Number (Excluding Area Code) 713-822-8121
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Address of Principal Business Operations (if different from Executive Office) SAME	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
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Brief Description of Business: Neutron Arch Bridge Products

Type of Business Organization

 Corporation Limited partnership, already formed other (please specify): Partnership Limited partnership, to be formed

Month	Year
0	3
0	1

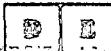
Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)

PROCESSED

 Actual Estimated

OCT 29 2003

THOMSON
FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All bonds making an offering of securities will file on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq., or 15 U.S.C. 77d(f).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it is transmitted by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: One (1) copy of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: It is the filer's duty to contain all information required. Amendments need only report the name of the issuer and offering, any changes thereto, the information required in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix must be filed with the SEC.

Filing Fee: There is no federal filing fee.

State Specific Requirements:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and shall be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential purchasers who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

CRGIA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuer and of corporate general and managing partners of partnership issuer; and
- Each general managing partner of partnership issuer.

Check Box(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Bob Donnelly

Business or Residence Address (Number and Street, City, State, Zip Code)

8275 El Rio, Suite 130, Houston, Texas 77044-4704

Check Box(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

KATHLEEN GAO

Business or Residence Address (Number and Street, City, State, Zip Code)

8275 El Rio, Suite 130, Houston, Texas 77044-4704

Check Box(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

TOMMY McCRAE

Business or Residence Address (Number and Street, City, State, Zip Code)

8275 El Rio, Suite 130, Houston, Texas 77044-4704

Check Box(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

HAROLD K. HARRIS

Business or Residence Address (Number and Street, City, State, Zip Code)

8275 El Rio, Suite 130, Houston, Texas 77044-4704

Check Box(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

MARSH PARIS

Business or Residence Address (Number and Street, City, State, Zip Code)

8275 El Rio, Suite 130, Houston, Texas 77044-4704

Check Box(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

WILLIAM AND VICTORIA PATERSON

Business or Residence Address (Number and Street, City, State, Zip Code)

215 University Avenue, Suite 100, Palo Alto, CA 94301

Check Box(s) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

FREIGHT PARTNERS

Business or Residence Address (Number and Street, City, State, Zip Code)

199 Fremont Street, San Francisco, CA 94108

(Use back sheet, or copy and use additional copies of this sheet, as necessary.)

DRAFTING GUIDE - INFORMATION ABOUT THE OFFERING

1. Is the offering being made by prospectus or by means of oral communication or otherwise? (Check one)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1. Has the issuer sold, or does the issuer intend to sell, to non-qualified investors in this offering? <i>(See also in Appendix, Column 2, if filing under ULOE.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. What is the minimum investment that will be accepted from any individual? \$ <u>1,000.00</u>		
3. Does the offering permit joint ownership of a single unit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any compensation or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input checked="" type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input checked="" type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AZ	<input type="checkbox"/> AR	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> ID
<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO
<input type="checkbox"/> MT	<input checked="" type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA
<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> PR

(Use back sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF SECURITIES, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "zero" or "zero". If the transaction is an exclusively offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security.....
Date.....
Equity.....

Aggregate
Offering Price
Amount Already
Sold

\$ _____ \$ _____
\$ 3,000,000 \$ 2,021,566.75

Common Preferred

Convertible Securities (excluding warrants).....
Partnership Interests.....
Other (Specify).....

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

Total.....

\$ _____ \$ _____

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amount of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "zero" or "zero".

Accredited Investors.....
Non-accredited Investors.....
Total (for filings under Rule 504 only).....

Number
Investors
Aggregate
Dollar Amount
of Purchases

6 \$ 2,021,566.75
0 \$ _____
\$ _____

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of Offering.....
Rule 505.....
Registration A.....
Rule 504.....
Total.....

Type of
Security
Dollar Amount
Sold

\$ _____
\$ _____
\$ _____
\$ _____
\$ 17

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....
Printing and Engraving Costs.....
Legal Fees.....
Accounting Fees.....
Engineering Fees.....
Sales Commissions (specify finders' fees separately).....
Other Expenses (Identify).....

\$ _____
 \$ _____
 \$ 50,000.00
 \$ _____
 \$ _____
 \$ _____
 \$ _____

Total.....

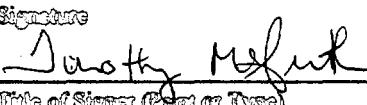
\$ 50,000.00

C. OFFERING PRICE, NUMBER OF SECURITIES, AMOUNTS AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4a. This difference is the "adjusted gross proceeds to the issuer."	\$ <u>2,950,000.00</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.	
	Payments To Officers, Directors, & Affiliates
Salaries and fees	<input type="checkbox"/> <u>OS</u>
Purchase of real estate	<input type="checkbox"/> <u>OS</u>
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> <u>OS</u>
Construction or leasing of plant buildings and facilities	<input type="checkbox"/> <u>OS</u>
Acquisition of other businesses (including the value of securities involved in the offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> <u>OS</u>
Repayment of indebtedness	<input type="checkbox"/> <u>OS</u>
Working capital	<input type="checkbox"/> <u>OS</u> \$ <u>2,950,000.00</u>
Other (specify): 	<input type="checkbox"/> <u>OS</u> OS
Column Total	OS \$ <u>2,950,000.00</u>
Total Payments Listed (column totals added)	OS \$ <u>2,950,000.00</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) XENON CORPORATION	Signature 	Date October 21, 2003
Name of Signer (Print or Type) DOROTHY MCFUNK	Title of Signer (Print or Type) Chief Executive Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)